



\$1635

PTO/58/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/713,994	
	Filing Date	16 Nov 2000	
	First Named Inventor	KEDDIE, JAMES	
	Group Art Unit	1638	
	Examiner Name	KRUSE, DAVID H.	
Total Number of Pages in This Submission	18	Attorney Docket Number	MBE-0022

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FORM 1449 (6 pgs. in duplicate); REFS. 1-46
Remarks		RECEIVED JUL 01 2002 TECH CENTER 1600/2900

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MENDEL BIOTECHNOLOGY, INC. MATTHEW R. KASER, D. PHIL., REG NO 44,817
Signature	<i>[Signature]</i>
Date	19 th June 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 19 June 2002			
Typed or printed name	KATHLEEN K. MUTO		
Signature	<i>[Signature]</i>	Date	19 June 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 180.00

Complete if Known

Application Number	09/713,994
Filing Date	16 Nov. 2000
First Named Inventor	KEDDIE, JAMES
Examiner Name	KRUSE, DAVID H.
Group Art Unit	1638
Attorney Docket No.	MBE-0022

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	50-1025
Deposit Account Name	Mental BioTechnology, Inc.

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
101	201	370	Utility filing fee	
106	206	165	Design filing fee	
107	207	255	Plant filing fee	
108	208	370	Reissue filing fee	
114	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description
103	203	9	Claims in excess of 20
102	202	42	Independent claims in excess of 3
104	204	140	Multiple dependent claim, if not paid
109	209	42	** Reissue independent claims over original patent
110	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
105	205	65	Surcharge - late filing fee or oath	
127	227	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	Non-English specification	
147	2,520	2,520	For filing a request for ex parte reexamination	
112	920*	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	1,840*	Requesting publication of SIR after Examiner action	
115	110	55	Extension for reply within first month	
116	400	200	Extension for reply within second month	
117	920	460	Extension for reply within third month	
118	1,440	720	Extension for reply within fourth month	
128	1,960	980	Extension for reply within fifth month	
119	320	160	Notice of Appeal	
120	320	160	Filing a brief in support of an appeal	
121	280	140	Request for oral hearing	
138	1,510	1,510	Petition to institute a public use proceeding	
140	110	55	Petition to revive - unavoidable	
141	1,280	640	Petition to revive - unintentional	
142	1,280	640	Utility issue fee (or reissue)	
143	460	230	Design issue fee	
144	620	310	Plant issue fee	
122	130	130	Petitions to the Commissioner	
123	50	50	Processing fee under 37 CFR 1.17(q)	
126	180	180	Submission of Information Disclosure Stmt	180.00
581	40	40	Recording each patent assignment per property (times number of properties)	
146	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	370	Request for Continued Examination (RCE)	
169	900	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 180.00

SUBMITTED BY

Name (Print/Type)	MATTHEW R. KASER	Registration No. (Attorney/Agent)	44,817	Telephone	510.259.6120
Signature	<i>[Signature]</i>	Date	19 June 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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